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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Jim Reuter Depositor's name /Jim Reuter/ (Signatur May 2, 2011 (Date

APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/701.238 11/04/2003 Kishore Karighattam AMDP772US 5261

TITLE OF INVENTION:

APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	NO	\$1510		\$0	\$1510	06/08/2011		
EXAMINER ART UNI		IIT	CLASS-SUBCLASS	]				
I. Change of correspondence address or indication of "Fee Address" (37 CIR I.531).  Change of correspondence address (or Change of Correspondence Address from PTO/SB/12) attached.  "Fee Address" indication for Fee Address Address indication form PTO/SB/12) attached.  "Fee Address" indication for Fee Address indication form PTO/SB/12) attached. Use of a Customer Number is required.  "In the Associates Lord or agent of Re Justine fluxing as a member a general CR, Justine PTO/SB/12) attached.  2. For printing on the patent front page, list (1) the names of up to 3 registered attornsy or agents attorneys or agents attorney						r & Associates, LLC		
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filled frecordation as set forch in 37 CFR 3.11. Completion of this form is YOT a substitute for filling an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Advanced Micro Devices, Inc.  Sunnyvale, California								
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🗀 Government								
	enclosed: small entity discount permitt Copies	ed)	th. Payment of Fec(s):  ☐ A check in the amount of the fec(s) is enclosed. ☐ Payment by credit card. Form PTO-2018 is attached. ☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, is Deposit Account Number _ 50-1733 _ (exclose an extra copy of this form).					
5. Change in Entity Status  a. Applicant claims S	(from status indicated above MALL ENTITY status. See		☐ b. Appli	cant is no longer claiming SMA	ALL ENTITY status. See 37 C	FR 1.27(g)(2).		
The Director of the USPTO NOTE: The Issue Fee and P interest as shown by the rec	is requested to apply the Iss rublication Fee (if required) ords of the United States Pat	ue Fee and Publica will not be accepte ent and Trademark	tion Fee (if a d from anyon Office.	ny) or to re-apply any previous ne other than the applicant; a re	ly paid issue fee to the applica gistered attorney or agent; or t	tion identified above. he assignee or other party i		

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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application from to the USPTO. Time will vary depending upon the individual case. Any comments on bound of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Pattent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandra, Virginay 2231-3450, D.O NOT SEXTO PEESO RECOMPLETED FORMS TO THIS ADDRESS, SENDTO Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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